

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J85415

**Entity Name:** CHRISTENSEN ENTERPRISES, INC.

**Current Principal Place of Business:**

333 THORPE RD  
ORLANDO, FL 32824

**Current Mailing Address:**

333 THORPE ROAD  
ORLANDO, FL 32824 US

**FEI Number:** 59-2911139

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHRISTENSEN, FREDERICK  
333 THORPE ROAD  
ORLANDO, FL 32824-8136 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CHRISTENSEN, FREDERICK  
Address 333 THORPE RD  
City-State-Zip: ORLANDO FL 32824

Title S  
Name OTTO, SARAH L.  
Address 333 THORPE RD  
City-State-Zip: ORLANDO FL 32824

Title AST  
Name DILL, SUSAN A  
Address 333 THORPE RD  
City-State-Zip: ORLANDO FL 32824

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FREDERICK CHRISTENSEN

**PRESIDENT**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date